



**Testimony of Kathy Gerwig, Kaiser Permanente**  
**House Committee on Energy and Commerce**  
**Subcommittee on Commerce, Trade, and Consumer Protection**

**Hearing on**  
**Revisiting the Toxic Substances Control Act of 1976**

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I would very much like to thank the Chairman, Ranking Member and Members of the Subcommittee for inviting me to testify before you today. My name is Kathy Gerwig. I am Vice President for Workplace Safety and Environmental Stewardship Officer for Kaiser Permanente, which is comprised of the Kaiser Foundation Health Plan, Kaiser Foundation Hospitals and the Permanente Medical Groups. I am testifying today on behalf of the national Kaiser Permanente Medical Care Program. We are the nation's largest integrated health care delivery system, providing comprehensive health care services to more than 8.7 million members in nine states (California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington) and the District of Columbia.

Kaiser Permanente's environmental roots can be traced to the beginning of the modern environmental movement. In 1963, the author and environmental crusader Rachel Carson was invited to speak to Kaiser Permanente doctors in one of her last speeches. Carson warned us about the dangers of certain chemicals to human health and to the environment. We were concerned about the environment then, and we're concerned now. Forty-five years later, we are working to curb our overall impact on the environment by using safe chemicals, building greener hospitals, reducing waste and looking at new ways to use less energy. We are a non-profit organization, with the clearly-stated mission to improve the health of the communities we serve. Our commitment to the issues the Subcommittee is exploring today is an important and integral part of this overall mission.

KP Values

*Linking the environment to the health of our communities:*

At Kaiser Permanente, we recognize that healthy communities and a healthy environment are critical to the health and wellness of every person. We are dedicated to environmental sustainability and social equity, as we believe these have direct, positive effects on individual and community health. We invest in and promote "green" solutions. To encourage healthy environments, we lead or support innovative efforts to decrease pollutants and enhance the environment.

*Preventive medicine:*

KP is committed to preventive medicine both through our physicians' and clinical staff's emphasis on these kinds of services as well as plan coverage including annual physicals and health screenings. This commitment extends to the work we do to ensure that our business practices are in alignment with public health and sound environmental policies. Purchasing materials that do not contain persistent, bioaccumulative toxins as well those that are not known to be carcinogenic, mutagenic or reproductive toxins is a key part of this challenge.

### *Community health:*

We are dedicated to improving the health of people living and working in the communities we serve. In 2007, Kaiser Permanente invested more than \$1 billion to ensure access to health care and promote healthier lives. To accomplish our goals, we pay for medical coverage for the uninsured, fund local community health centers and train doctors and nurses.

### *Proceed with caution:*

We've taken a cautious approach to materials, meaning that where there is credible evidence that a material we're using may result in environmental or public health harm, we should strive to replace it with safer alternatives. For example, there is enough evidence about the hazards of vinyl that the responsible course of action for Kaiser Permanente is to replace it with healthier, commercially available alternatives that meet our performance criteria.

### Kaiser Permanente's Internal Guideline Regarding Chemicals:

To advance an economy where the production and use of chemicals are not harmful for humans as well as for our global environment and all of its inhabitants, Kaiser Permanente has adopted the following five guiding principles for chemicals:

1. Understand product chemistry. To increase the transparency of the chemical constituents in products we buy, we request product chemistry data from suppliers.
2. Assess and avoid hazards. We have and will continue to encourage suppliers to use chemicals with inherently low hazard potential, eliminate chemicals of high concern, minimize exposure when hazards cannot be prevented and redesign products and processes to avoid the use and/or generation of hazardous chemicals.
3. Commit to continuous improvement. We have created a framework for the review of product and process chemistry, and are promoting the use of chemicals, processes and products with inherently lower hazard potential.
4. Support industry standards that, in Kaiser Permanente's opinion, eliminate or reduce known hazards and promote a greener economy, including support for green chemistry research and education.
5. Inform public policies and be part of the public dialogue that advances the implementation of the above principles.

### Our Experiences and Challenges:

Our annual spending for purchased products is approximately \$13 billion. Kaiser Permanente leases or owns more than 65 million square feet of real estate, and has a ten year capital plan of more than \$30 billion. Despite this leverage, we have experienced limitations in achieving our goal of using products and materials that are environmentally sustainable.

Many products are labeled as "green" or "environmentally friendly" for reasons that include reduced energy use, recycled content or reduced waste production. Some of these so-called "green" products are made from materials that are toxic or made from chemicals without adequate or any safety testing. A truly "green" product is one that is environmentally and biologically benign throughout its life cycle.

At Kaiser Permanente, we have developed our own chemicals disclosure document that is required for all large national purchasing contracts. The disclosure asks for information on the categories of: persistent bioaccumulative toxic compounds and carcinogens, mutagens and reproductive toxins in addition to specific existing and emerging chemicals of concern such as mercury, polyvinyl chloride, phthalates, Bisphenol-A and halogenated flame retardants.

Many of the ingredients on the disclosure document are not present on the Occupational Safety and Health Administration's (OSHA's) required Material Safety Data Sheets due to trade secret caveats and the exemption of small concentrations from reporting even though the chemicals may cause harm in low doses. In many cases, even with the purchasing power represented by Kaiser Permanente it is difficult to get the information we request. The process requires comprehensive vendor education and aggressive demands for safety and ingredient information. When the information is provided, it is often useless due to the vendor's lack of knowledge, trade secret caveats or the absence of safety information for thousands of chemicals in commerce today.

Exam gloves proved to be one of our successes. In the desire to move away from powdered latex and vinyl exam and surgical gloves, a decision was made to purchase gloves made of nitrile. Latex gloves present a problem for patients and staff with allergic reactions, and vinyl gloves create the byproduct of dioxin pollution in both manufacturing and disposal processes. Kaiser Permanente's decision to buy an alternative to vinyl gloves affected the entire medical glove industry because we use more than 50 million gloves each year. The change increased the national supply of nitrile gloves and eventually lowered the cost of nitrile gloves for all glove purchasers.

Another experience includes the replacement of products containing di(2-ethylhexyl) phthalate (DEHP), a substance often used as a plasticizer in flexible medical devices made of polyvinyl chloride (PVC) such as intravenous tubing and bags. DEHP can leach from the plastic, posing health risks. The project began in 2001 when evidence was available to show that DEHP is a potential reproductive toxicant to neonatal males. It included thorough investigations into products already in use in Kaiser Permanente's neonatal intensive care units (NICUs) and field evaluations of identified non-DEHP products. After comprehensive efficacy trials at two NICUs, a labor intensive materials management contracting process and implementation project ensured the approved alternatives were in place in all of our NICUs.

Starting in 1997, Kaiser Permanente spent ten years virtually eliminating mercury, a neurotoxin, from its operations. We purged almost 1,400 pounds of mercury from our facilities. This included creating a market demand for non-mercury blood pressure devices and esophageal dilators that meet our performance needs. The mercury in esophageal dilators was replaced with tungsten by that industry. Now there is emerging science that tungsten is related to leukemia in towns near tungsten mining operations. This is an example of large efforts to replace a known hazardous material resulting in the possible use of an unknown potentially hazardous material.

In 2004, Kaiser Permanente was instrumental in driving the creation of a vinyl-free carpet that is completely recyclable and made from post-consumer recycled content that meets demanding health care performance specifications. We now contract exclusively with the vendor that created the product, and we have installed approximately 10 million square feet of this carpet in our facilities. The creation of a greener carpet is one of several ways in which KP's green focus and buying power have helped foster a greener health care economy.

As we strive to advance an economy where the production and use of chemicals are not harmful for humans or the environment around us, we invest significant time and resources. When we were testing alternatives to vinyl flooring, we had to invent our own testing protocol and use in-house certified industrial hygienists to perform tests to understand the health impacts of the alternatives. That degree of investment is simply not feasible for most products and materials we buy, nor is it possible for smaller organizations that do not have the resources and organizational skills that Kaiser Permanente has developed over decades. Mechanisms are needed to support downstream users in procuring the safest products and materials for our needs.

Mr. Chairman and distinguished members of the Committee, thank you again for the invitation to testify here today. I look forward to answering any questions you may have.